HOUSE BILL No. 1772

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-19.

Synopsis: Mental health disproportionate share funding. Amends disproportionate share payment provisions for community mental health center disproportionate share providers.

Effective: July 1, 2004 (retroactive).

Bauer

January 19, 2005, read first time and referred to Committee on Public Health.



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First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

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HOUSE BILL No. 1772

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A BILL FOR AN ACT to amend the Indiana Code concerning human services.

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Be it enacted by the General Assembly of the State of Indiana:

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mental health center dis	proportiona	ite share pro	vider that is:
each state fiscal year en	nding after	June 30, 200	04, a community
[EFFECTIVE JULY 1, 20	004 (RETR	OACTIVE)]:	Sec. 9.5. (a) For
CODE AS A NEW	SECTION	TO READ	AS FOLLOWS
SECTION 1. IC 12-1:	5-19-9.5 IS	ADDED TO	THE INDIANA

- (1) freestanding from a hospital licensed under IC 16-21; and
- (2) not operated as part of a hospital licensed under IC 16-21; shall receive a disproportionate share payment as provided in this section.
- (b) Subject to subsection (f), a community mental health center disproportionate share provider described in subsection (a) shall receive a payment in the amount determined under STEP THREE of the following formula:
 - STEP ONE: Determine the amounts certified for the community mental health center disproportionate share provider under IC 12-15-18-5.1(e).
- 17 STEP TWO: Divide the amount determined under STEP



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(a) an appropriate base year determined by the office. (b) The office may require independent certification of data provided by a community mental health center disproportionate share provider to the office in order to determine the community mental health center disproportionate share provider's institution specific limit. (f) Subject to section 10(b)(2) and 10(b)(3) of this chapter, payments under this section may not result in total disproportionate share payments that are in excess of the state limit on these expenditures for institutions for mental diseases under 42 U.S.C. 1396r-4(h). The office may reduce payments due under this section for a state fiscal year, on a pro rata basis, if the reduction is necessary to avoid exceeding the state limit on disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for		
STEP THREE: Subtract the amount determined under STEP ONE from the amount determined under STEP TWO. (c) A disproportionate share payment under this section is considered of: (1) the amounts certified for the community mental health center disproportionate share provider under IC 12-15-18-5.1(e); and (2) the amount paid to the community mental health center disproportionate share provider under subsection (b). (d) A disproportionate share payment under this section may not exceed the community mental health center disproportionate share provider's institution specific limit under 42 U.S.C. 1396r-4(g). The office shall determine the institution specific limit for a state fiscal year by taking into account data provided by the community mental health center disproportionate share provider that is considered reliable by the office based on: (1) a periodic audit system; (2) the use of trending factors; and (3) an appropriate base year determined by the office. (e) The office may require independent certification of data provided by a community mental health center disproportionate share provider to the office in order to determine the community mental health center disproportionate share provider's institution specific limit. (f) Subject to section 10(b)(2) and 10(b)(3) of this chapter, payments under this section may not result in total disproportionate share payments that are in excess of the state limit on these expenditures for institutions for mental diseases under 42 U.S.C. 1396r-4(h). The office may reduce payments due under this section for a state fiscal year, on a pro rata basis, if the reduction is necessary to avoid exceeding the state limit on disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center d		
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(f) Subject to section 10(b)(2) and 10(b)(3) of this chapter, payments under this section may not result in total disproportionate share payments that are in excess of the state limit on these expenditures for institutions for mental diseases under 42 U.S.C. 1396r-4(h). The office may reduce payments due under this section for a state fiscal year, on a pro rata basis, if the reduction is necessary to avoid exceeding the state limit on disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	25	mental health center disproportionate share provider's institution
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limit on these expenditures for institutions for mental diseases under 42 U.S.C. 1396r-4(h). The office may reduce payments due under this section for a state fiscal year, on a pro rata basis, if the reduction is necessary to avoid exceeding the state limit on disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	28	payments under this section may not result in total
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under this section for a state fiscal year, on a pro rata basis, if the reduction is necessary to avoid exceeding the state limit on disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	30	limit on these expenditures for institutions for mental diseases
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disproportionate share expenditures for institutions for mental diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	32	* * * * * * * * * * * * * * * * * * * *
diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	33	· · · · · · · · · · · · · · · · · · ·
diseases. (g) Subject to section 10(b)(3) of this chapter, total disproportionate share payments under this section for a state fiscal year must equal ten million dollars (\$10,000,000). However, this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers	34	•
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 this amount may be reduced based upon the amounts certified for community mental health center disproportionate share providers 		
40 community mental health center disproportionate share providers		• • • • • • • • • • • • • • • • • • • •
	40	*

under this section, on a pro rata basis, based upon the institution



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specific limits under 42 U.S.C. 1396r-4(g) of each community mental health center disproportionate share provider eligible for a payment under this section for that state fiscal year, if the reduction is necessary to avoid exceeding the total payment limit established under this subsection.

(h) The office may recover a payment made under subsection (b) from the community mental health center disproportionate share provider if federal financial participation is disallowed for the funds certified under IC 12-15-18-5.1(e) upon which the payment was based.

SECTION 2. IC 12-15-19-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004 (RETROACTIVE)]: Sec. 10. (a) For the state fiscal year beginning July 1, 1999, and ending June 30, 2000, the state shall pay providers as follows:

- (1) The state shall make disproportionate share provider payments to municipal disproportionate share providers qualifying under IC 12-15-16-1(b) until the state exceeds the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)).
- (2) After the state makes all payments under subdivision (1), if the state fails to exceed the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)), or the state limit on disproportionate share expenditures for institutions for mental diseases (as defined in 42 U.S.C. 1396r-4(h)), the state shall make community mental health center disproportionate share provider payments to providers qualifying under IC 12-15-16-1(c). The total paid to the qualified community mental health center disproportionate share providers under section 9(a) of this chapter, including the amount of expenditures certified as being eligible for federal financial participation under IC 12-15-18-5.1(e), must be at least six million dollars (\$6,000,000).
- (3) After the state makes all payments under subdivision (2), if the state fails to exceed the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)), the state shall make disproportionate share provider payments to providers qualifying under IC 12-15-16-1(a).
- (b) For state fiscal years beginning after June 30, 2000, the state shall pay providers as follows:
 - (1) The state shall make municipal disproportionate share provider payments to providers qualifying under IC 12-15-16-1(b) until the state exceeds the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)).











1	(2) After the state makes all payments under subdivision (1), if
2	the state fails to exceed the state disproportionate share allocation
3	(as defined in 42 U.S.C. 1396r-4(f)(2)), the state shall make
4	disproportionate share provider payments to providers qualifying
5	under IC 12-15-16-1(a). Beginning in a state fiscal year ending
6	after June 30,2004, the total disproportion at e share payments
7	made to a state mental health institution described in
8	IC 12-24-1-3 must be limited to an amount necessary to
9	permit disproportionate share payments to be made under
10	section 9.5 of this chapter without exceeding the state limit on
11	disproportionate share expenditures for institutions for
12	mental diseases under 42 U.S.C. 1396r-4(h).
13	(3) After the state makes all payments under subdivision (2), if
14	the state fails to exceed the state disproportionate share allocation
15	(as defined in 42 U.S.C. 1396r-4(f)(2)), or the state limit on
16	disproportionate share expenditures for institutions for mental
17	diseases (as defined in 42 U.S.C. 1396r-4(h)), the state shall make
18	community mental health center disproportionate share provider
19	payments to providers qualifying under IC 12-15-16-1(c).
20	disproportionate share payments under section 9.5 of this
21	chapter.
22	SECTION 3. An emergency is declared for this act.

